

APPLICATION FOR INDIVIDUAL RESIDENT OR NONRESIDENT
INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

Check appropriate box for license requested.

- ☐ Resident License *(Check if you are a first-time applicant or if more than five years has elapsed since you last held a license.)*
- ☐ Nonresident License *(Check if you hold a resident license in another state or province of Canada.)*
- Identify Home State: _____
 - Identify Home State License #: _____

Form 1136A

LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR INDIVIDUAL RESIDENT OR NONRESIDENT INSURANCE PRODUCER OR SURPLUS LINES BROKER LICENSE

Place an X by the license type for which you are applying	
<input type="checkbox"/> Producer	<input type="checkbox"/> Surplus Lines Broker (Code S)

Place an X by one			
<input type="checkbox"/> Resident License	<input type="checkbox"/> Nonresident License	<input type="checkbox"/> Temporary License	<input type="checkbox"/> Amended License

Major Lines of Authority – Place an X by the license code(s) for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
Life	A	Yes	\$75	April 30 th Even Years	
Health & Accident	B	Yes	\$75	April 30 th Even Years	
Life Health & Accident	C	Yes	\$75	April 30 th Even Years	
Property	J	Yes	\$75	April 30 th Odd Years	
Casualty	K	Yes	\$75	April 30 th Odd Years	
Property & Casualty	LM	Yes	\$75	April 30 th Odd Years	
Personal Lines	W	Yes	\$75	April 30 th Odd Years	
Variable Contracts	Z	No	\$75	April 30 th Every Year	
Surplus Lines	S	Yes	\$250	April 30 th Every Year	

Credit Lines of Authority – Place an X by the license code(s) for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
Credit Life	E	No	\$75	April 30 th Even Years	
Credit Health & Accident	F	No	\$75	April 30 th Even Years	
Credit Life Health & Accident	EF	No	\$75	April 30 th Even Years	
Credit Property and Casualty	R	No	\$75	April 30 th Odd Years	

Limited Lines of Authority – Place an X by the license code(s) for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
Industrial Fire	O	Yes	\$75	April 30 th Odd Years	
Bail Bond	P+	Yes	\$75	April 30 th Odd Years	
Vehicle Physical Damage	M	Yes	\$75	April 30 th Odd Years	
Fidelity & Surety	P	Yes	\$75	April 30 th Odd Years	
Title	N	Yes	\$75	April 30 th Odd Years	
Auto Club Service	X	No	\$75 initial line and \$35 each additional line	April 30 th Every Year	
Industrial Life Health & Accident	D	No	\$75 initial line and \$35 each additional line	April 30 th Even Years	
Home Service	H	No	\$75 initial line and \$35 each additional line	April 30 th Even Years	
Travel	I	No	\$75 initial line and \$35 each additional line	April 30 th Even Years	
Baggage	Q	No	\$75 initial line and \$35 each additional line	April 30 th Odd Years	

Licensing fees are nonrefundable and nontransferable.

Regardless of the date of issue, all life, health & accident licenses expire on April 30th of the even numbered years and all property & casualty licenses expire on April 30th of the odd numbered years.

☐ To avoid having to renew this license, I wish to have my license issued for May 1st, and I understand that I cannot sell, solicit or negotiate insurance policies until May 1st.

☐ **Nonresidents only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.

License Type _____

Background Information

69 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

Applicants Certification and Attestation

④0 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Nonresident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the nonresident state.

Month

Day

Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

④1 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Nonresident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

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